

Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

Alcohol & Drug Programs RF#209
1700 K Street
Sacramento, CA 95814



Employee Name	<u>ZITO, Renee</u>
Expense Dates	<u>02/23/10-03/04/10</u>
Total Expense Amount	<u>26.50</u>
Amount Due Employee	<u>26.50</u>
Form ID	<u>TEA000608406</u>

TRIP EXCEPTION(S)			
	Item	Exception	Response
1)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
2)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
3)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
4)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes

I have reviewed the following documents.

Approved
by:



MICHAEL S. CUNNINGHAM

Travel & Expense Account Summary

Employee Name Renee ZITO
Expense Dates 02/23/10-03/04/10
Report Name Feb/March Claims

Request Total \$ 26.50
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 26.50

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Maria Shriver	2.50
Regular Travel	COJAC	6.00
Regular Travel	CADA	9.00
Regular Travel	CAADPE	9.00

NOTE: (d)=Direct Charge

DATE	Tue Feb 23									TOTAL
Parking, Auto	9.00									9.00
TOTALS \$	9.00									9.00

DATE	Wed Feb 24									TOTAL
Parking, Auto	9.00									9.00
TOTALS \$	9.00									9.00

DATE	Wed Mar 3									TOTAL
Mileage Personal Auto	6.00									6.00
TOTALS \$	6.00									6.00

Travel & Expense Account Summary

DATE	Thu Mar 4									TOTAL
Parking, Auto	2.50									2.50
TOTALS \$	2.50									2.50